

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District of Texas
(State)

Case number (if known): Chapter 7

Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

Chapter 7
 Chapter 11

Part 2: Identify the Debtor

2. Debtor's name

ESSENTIAL FINANCIAL EDUCATION, INC.

3. Other names you know the debtor has used in the last 8 years

d/b/a ONLINE TRADING ACADEMY OF DALLAS

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

Unknown

EIN — — — — —

5. Debtor's address

Principal place of business

105 Decker Ct, Ste. 525.

Number Street

Irving
City

TX 75062
State ZIP Code

Dallas

County

Mailing address, if different

1501 Hall Johnson Rd. #1273

Number Street

P.O. Box

Colleyville TX 76034
City State ZIP Code

Location of principal assets, if different from principal place of business

5025 Preservation Ave.

Number Street

Colleyville TX 76034
City State ZIP Code

Debtor ESSENTIAL FINANCIAL EDUCATION, INC. Name _____ Case number (if known) _____

6. Debtor's website (URL)	_____		
7. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other type of debtor. Specify: _____		
8. Type of debtor's business	<i>Check one:</i> <input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A)) <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) <input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44)) <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A)) <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6)) <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3)) <input checked="" type="checkbox"/> None of the types of business listed. <input type="checkbox"/> Unknown type of business.		
9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Debtor _____ Relationship _____ District _____ Date filed _____ MM / DD / YYYY Case number, if known _____ Debtor _____ Relationship _____ District _____ Date filed _____ MM / DD / YYYY Case number, if known _____		
Part 3: Report About the Case			
10. Venue	<i>Check one:</i> <input checked="" type="checkbox"/> Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.		
11. Allegations	<p>Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).</p> <p><i>At least one box must be checked:</i></p> <p><input checked="" type="checkbox"/> The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount. <input type="checkbox"/> Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.</p>		
12. Has there been a transfer of any claim against the debtor by or to any petitioner?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).		

Debtor

ESSENTIAL FINANCIAL EDUCATION, INC.

Name

Case number (if known)

13. Each petitioner's claim

Name of petitioner

Nature of petitioner's claim

Amount of the claim
above the value of
any lien

GARY G. FLICK

AGREED JUDGMENT

\$ 546,265.11

Total of petitioners' claims

\$ 546,265.11

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Name and mailing address of petitioner

GARY G. FLICK

Name

1999 Beck Rd.

Number Street

Galion

City

OH

44833

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

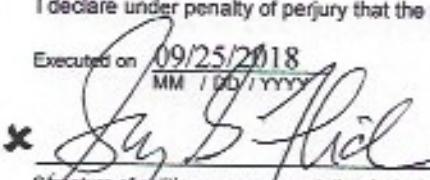
State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/25/2018

MM / DD / YYYY



Signature of petitioner or representative, including representative's title

Attorneys

MATTHEW E. FURSE

Printed name

Glast, Phillips & Murray, P.C.

Firm name, if any

14801 Quorum Dr., Ste. 500

Number Street

Dallas

TX

75080

City

State

ZIP Code

Contact phone (972) 419-8349 Email MFurse@GPM-Law.com

Bar number 24105032

State Texas

 /s/ M.E. Furse

Signature of attorney

Date signed 09/25/2018

MM / DD / YYYY

Debtor

ESSENTIAL FINANCIAL EDUCATION, INC.

Name

Case number (if known) _____

Name and mailing address of petitioner

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Name and mailing address of petitioner's representative, if any

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title _____

Printed name _____

Firm name, if any _____

Number Street _____

City _____ State _____ ZIP Code _____

Contact phone _____ Email _____

Bar number _____

State _____

X

Signature of attorney _____

Date signed _____

MM / DD / YYYY

Name and mailing address of petitioner

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Name and mailing address of petitioner's representative, if any

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title _____

Printed name _____

Firm name, if any _____

Number Street _____

City _____ State _____ ZIP Code _____

Contact phone _____ Email _____

Bar number _____

State _____

X

Signature of attorney _____

Date signed _____

MM / DD / YYYY